FROM-McCormick, Paulding, & Huber

+860 527 0464

T-047 P.001/001

PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Complete and send this form, together with applicable fee(s), to: Mail Alexandria, Virginia 22313-1450 or <u>Fax</u> (703) 746-4000 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for CURRENT CORRESPONDENCE ADDRESS (Note: Use Direct I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmitmi. This certificate cannot be used for any other uccompanying pupers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or manamission. 11/02/2004 McCormick, Paulding & Huber Certificate of Mailing or Transmission City Place [[I hereby certify that this Fec(a) Transminal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. 185 Asylum Street Hariford, CT 06103-3402 10056772 02/02/2005 SSITHIB2 00000069 130235 <u>Gwenerva</u> <u>Williams</u> N 01 FC:2501 02 FC:8001 700.00 DA 30.00 DA Porvar 003 (Da APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/056 772 01/23/2002 Jonathan Kost 5146-03 4588 Title of invention: myotherapy massage device APPLN. TYPE SMALL ENTIRY ISSUE FRE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional \$685700 \$0 \$685 7*0*0 02/02/2005 EXAMINER ART UNIT CLASS-SUBCLASS THANH, QUANG D 3764 601-046000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <u> McCormick</u> <u>Pauld</u>ing & Huber LLP (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered parent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) smached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLRASE NOTE: Unless an assignce is identified below, no assignce data will appear on the putent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY und STATE OR COUNTRY) 4a. The following foe(s) are enclosed: 4b. Payment of Fee(s): Issue Foe A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies ___ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-0235 (enclose an extra copy of this form). 5. Change in Enrity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. D. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if requires) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States attended attorney or agent; or the assignce or other party in Authorized Signature 0 Typed or printed name Registration No. .961 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Parent and Trademark Office, U.S. Department of Commerce, P.O. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 11/04) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trudemark Office; U.S. DEPARTMENT OF COMMERCE